

Provider Type 45 - End Stage Renal Disease Facility
Provider Type 81 - Hospital Based End Stage Renal Disease
Reimbursement Rates

Updated: May 1, 2015

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Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy

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[Modifier List](#)

| Proc Code | Description | Mod | Rate |
|-----------|--|-----|--------|
| 90999 | DIALYSIS PROCEDURE | | 284.92 |
| 90945 | DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS | | 122.11 |
| 90688 | FLU VACC 4 VAL 3 YRS PLUS IM | | 13.74 |